TR-WM-141 (2/17) Formerly ERS-10785

(608) 224-4942



Wisconsin Department of Agriculture, Trade and Consumer Protection *Bureau of Weights and Measures*P.O. Box 7837, Madison, WI 53707-7837

FOR OFFICE USE	ONLY

## UST CORROSION PROTECTION TEST/SURVEY REPORT

Wis. Admin. Code §ATCP 93.100

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

OWNER INFORMATION	1											
CUSTOMER NAME:		COMPANY NAME:		TELEPHONE: E-MAIL:								
COSTOWER WANTE.		COMI ANT NAME.		(	)	_   -	IAIL.					
STREET ADDRESS:		<u> </u>	CIT	Y   VILLAGE	<i>,</i> □ TO	WN		STATE	ZIP			
SITE INFORMATION												
FACILITY NAME:		FACIILITY ID#:			ASSIG	NED ANNIVERS	ARY MONTH	DATE OF	TESTING/SERVICING			
77.01211 1 10 11012.		TAGILLET FISH.			7.0010	THE PARTITION OF THE PA	arti Mortini	BATE OF	12011110/02/111101110			
STREET ADDRESS:			СІТ	Y 🗌 VILLAGE	ТО	WN		STATE	ZIP			
TESTER INFORMATION												
SUBMITTING PARTY:		CONTAC	CT PERSON				WORK C	RDER #:				
	Т			T=								
TELEPHONE:	CI	ELL PHONE:		E-MAIL:								
( ) -		) -										
TESTER NAME:			SURVEY T	ГҮРЕ:								
Wisconsin Certification	n Type:		☐ Routine	Re-S	urvey	☐ Post-Repa	ir or Modifica	tion	☐ Post-Installation			
Wisconsin Certification	n #:		TYPE OF	SYSTEM: [	] Impre	ssed Current	Galvanio	;				
CP CRITERION APPI	LIED: -0.850 vo	olts "ON" (Galvanic)	☐ 100 m <sup>2</sup>	√ Polarization	(Impres	ssed)	-0.850 volts '	"INSTAN	Γ-OFF" (Impressed)			
SECTION I: Tester's ev	aluation (mark only on	e)										
☐ PASS	All protected structures system. Complete Sec	•	c protection s	protection survey and it is judged that adequate cathodic protection has been provided to the UST								
☐ FAIL	One or more protected the UST system. Com	structures at this site fail the plete Section III.	e cathodic pro	tection survey	and it is ju	udged that adequ	ate cathodic pr	otection ha	as not been provided to			
☐ INCONCLUSIVE		cal do not both indicate the ed and/or conducted by a co				tures (both pass	or both fail), ind	conclusive	is indicated and the			
CP TESTER (Print):				CP TESTER'S SIGNATURE:								
SECTION II: Corrosion	expert's evaluation (m	ark only one)										
•		by a corrosion expert when: n inconclusive result was inconclusive.		ntal anodes or o	other cha	nges in the catho	dic protection s	system are	made; b) stray current			
☐ PASS	All protected structures system. Complete Sec	at this site pass the cathodition III.	c protection s	survey and it is j	udged th	at adequate cath	odic protection	has been	provided to the UST			
☐ FAIL	One or more protected the UST system. Com	structures at this site fail the	cathodic pro	tection survey	and it is ju	udged that adequ	ate cathodic pr	otection ha	as not been provided to			
COMMENT:	,											
CORROSION EXPERT'S NA	ME (Print):			CORROSION EX				ı				
COMPANY NAME:		WISCO	WISCONSIN CORROSION EXPERT CERTIFICATION #: REVIEW DATE:									
STREET ADDRESS:		CITY				STATE	ZIP					
SECTION III: Action re	quired as a result of th	is evaluation (mark only o	ne)									
□ NONE			-	adequate. Test again within regulatory window or by: (DATE):								
☐ REPAIR & RETES	ST .	is required if adding s	Cathodic protection is not adequate. (Corrosion Expert evaluation in Section II is required if adding supplemental anodes, impressed current, or if stray current is suspected.) Repair/modification is necessary by:									
☐ TESTING INDICAT	TES INCONCLUSIVE	i i i	n Expert evaluation required within 30 days : (DATE):									

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FACILITY NAME:	DATE:

Rectifier Info	<b>)</b> :	VOLTS		AMPS:		SETTINGS	COARSE:		FINE:								
Anode Outp	ut:										то	TAL:					
POTENTIAL	ME	ASUREMENTS		<b>.</b>		L					L		Į.				
TEST LOCATION NUMBER		DESC (i.e. Tank A–Wh	RIPTION lite (REG)	Fill End)	(i.e.	TACT POINT Tank Bottom Test Lead)	HALF CELL PLACEMENT (i.e. Soil over Tank)	ON READING (VOLTS)	STANT- OFF OLTS)		DEPOL NATIVE DATE:		mV Polarized (100mV Criteria)	STRUCTURE to CONDUIT or REC NEGATIVE (VOLTS)	Pass/Fail		

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FACILITY NAME:	DATE:

Rectifier Info	o: \	VOLTS		AM	PS:		SETTINGS	COARSE:		FINE:									
Anode Outp	ut:													то	TOTAL:				
POTENTIAL	L MEA	SUREMENTS																	
TEST LOCATION NUMBER		DESC (i.e. Tank A–Wh	RIPTION nite (REG) F	ill E	nd)	(i.e.	ITACT POINT Tank Bottom Test Lead)	HALF CELL PLACEMENT (i.e. Soil over Tank)	ON READING (VOLTS)	STANT- OFF OLTS)		DEPOL NATIV DATE:	E.	mV Polarized (100mV Criteria)	CONDU	TURE to IT or REC ATIVE DLTS)	<u>P</u> ass/ <u>F</u> ail		

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NOTES: 1) Me	Provide a drawing or use the space below:  NOTES: 1) Measurements shall be taken over tank(s); Minimum 3 tank top/ 1 remote.  2) One measurement shall be taken for every 10 feet of piping length.								

Include Service Station Diagram that shows all Tanks and Dispensers in relation to Buildings and Streets. Include on the drawing the location of the Submersible Pumps, Fills, ATGs, Risers, and Vents. If this is an Impressed Current System, show Rectifier location. Clearly indicate on diagram where all Test Readings were taken by identifying each structure being tested (UST by Product Stored or Product Piping by Tank/Dispenser) and numbering each individual test location. Show on drawing if corrosion test leads and/or test stations exist for the USTs or product piping and their location. Show locations of all reference electrodes. Indicate **North** on the drawing.